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THE ELEVENTH ANNUAL REPORT

of the

**South Carolina Mental Health
Commission**

Columbia, S. C.

For the Year Ending June 30, 1963



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State Budget and Control Board

THE ELEVENTH ANNUAL REPORT

of the

South Carolina Mental Health Commission

Columbia, S. C.

For the Year Ending June 30, 1963



THE ELEVENTH ANNUAL REPORT
of the
South Carolina Mental Health
Commission
Columbia, S. C.

**THE SOUTH CAROLINA MENTAL HEALTH
COMMISSION**

C. M. Tucker, Jr. *Chairman* Pageland
E. Edward Wehman, Jr. Charleston
John M. Fewell, M.D. Greenville
G. Werber Bryan Sumter
W. G. Edwards, Sr. Columbia



Printed Under the Direction of the
State Budget and Control Board

W. P. BECKMAN, M.D.
State Director Mental Health

* * * *

WILLIAM S. HALL, M.D.
Superintendent, S. C. State Hospital

* * * *

WILLIAM S. HALL, M.D.
Acting Superintendent, Pineland—A State Training School and Hospital

* * * *

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Finance Officer

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Fiscal Agent Reimbursement

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Sumter County Mental Health Project—Sumter, S. C.

Director (Vacancy)
Anderson-Oconee-Pickens Mental Health Center—Anderson, S. C.

Director (Vacancy)
Area Five Mental Health Center—Greenwood, S. C.

Columbia, S. C., July 1, 1963

*To His Excellency, Donald S. Russell
Governor of South Carolina*

The S. C. Mental Health Commission presents herewith its Eleventh Annual Report covering fiscal year July 1, 1962—June 30, 1963. The Commission has met regularly every third Tuesday each month and has continued one extra meeting a month for the purpose of inspecting and studying the physical facilities and treatment programs of the State Hospital and Pineland. The State's mental health program has so increased that it now requires considerable time and attention from the Commission, hence the need for extra meetings.

The Commission's mental health program now consists of the operation of the S. C. State Hospital—Columbia and State Park Divisions; Pineland, A State Training School and Hospital; eight community mental health clinics or centers and a statewide mental health education program. It is felt that progress is being made in the operation of these programs, but the Commission is aware of the need of greater progress. In spite of improvement in physical facilities there continues to be an overcrowded condition at the State Hospital and Pineland. In spite of efforts to improve the treatment program by securing more personnel, the treatment program still suffers because of an inadequate number of treatment personnel. This relates to all the disciplines involved in the treatment program—psychiatrists, psychologists, psychiatric social workers, psychiatric aides, occupational and recreational therapists, as well as rehabilitation personnel.

The outlook for increasing the medical staff seems a little more hopeful in that the psychiatric residency program at the State Hospital completed its second year on June 30, 1963 with four residents in the first year of training and five in the second year of training. This program enters its third year of training July 1, 1963, the five second year residents becoming senior residents who will complete their training June 30, 1964. It is hoped that upon completion of the third year training, some of these physicians will join the medical staff at the Hospital. The Hospital does not have an adequate supply of graduate nurses and psychiatric aides and more funds are needed to increase the number of persons employed in these categories. The Hospital must be operated twenty-four hours a day. It operates on three eight-hour shifts and it is necessary to assign more personnel to the first two shifts. This necessitates a dangerous reduction of

medical personnel during the night shift. Care and treatment of the mentally ill requires people and an effort must be made to further improve the patient-employee ratio.

Admissions to the Hospital continue to increase but, in spite of this and largely due to our improved care and treatment program, the net increase in Hospital population is diminishing.

Pineland continues to be overcrowded and is in need of more personnel. Among the persons admitted to this institution, a very high percentage are severely mentally retarded and require a great deal of nursing care. An effort must be made to further increase the number of employees at this institution.

Construction on the new intensive treatment center at the Columbia Division is well under way and it is anticipated that it will be ready for occupancy in January, 1964. The completion of this facility will provide adequate space for a stepped up intensive treatment program. Again, however, the matter of need for professional and other medical personnel must be emphasized. This facility will provide an additional 212 acceptable beds and will become the center for training, especially the psychiatric residency training program.

Since the passage of the Community Mental Health Services Act, two additional community mental health centers have been activated and the Legislature has appropriated funds for the activation of another center after July 1, 1963. The Commission is pleased with the development of community mental health services and hopes that these services will be expanded in the future to such an extent that a considerable burden will be lifted from the State Hospital. It must be noted in community mental health resources that general hospitals are providing psychiatric units for inpatient care and treatment, thus providing resources to the mentally ill for care and treatment nearer home.

Since the establishment of the State Hospital, the general concept has been that the State is responsible for the care and treatment of the mentally ill. With the development of community mental health centers and psychiatric services in general hospitals, it appears now that the trend is in the direction of communities sharing with the State the responsibility of care and treatment of the mentally ill. It is hoped that this trend will continue until there are adequate resources for the mentally ill throughout the State.

ADMINISTRATIVE DIVISION

S. C. State Hospital

At the close of the previous fiscal year, June 30, 1962, there were 6,697 patients in the Hospital. On June 30, 1963 the Hospital population was 6,658. These figures show a reduction of 39. Although this reduction is significant it is not perhaps as meaningful as figures referable to the average daily census of the Hospital for these two years. During 1961-62 the average daily census was 6,598, whereas for the fiscal year 1962-63 the average daily census was 6,580. This shows a reduction of 18. This was in spite of the fact that there was a slight increase in admissions and readmissions. For the fiscal year 1961-62 there were 2,512 first admissions compared to 2,538 first admissions for fiscal year 1962-63. At the same time readmissions in 1961-62 amounted to 952 as compared to 976 for the fiscal year 1962-63. The combined first admissions and readmissions amounted to 3,514.

It is rather significant that our statistics show that 22% of persons admitted during 1962-63 were able to leave the Hospital sooner than if they had been admitted three years ago. This we feel reflects the improved care and treatment programs at the Hospital.

The increase in readmissions still points up the need for the Commission to develop aftercare services throughout the State in conjunction with community mental health clinics and centers, as well as with other agencies such as welfare, public health, family service, etc. It is being demonstrated elsewhere that the development of adequate aftercare services definitely lowers the readmission rate. Such services will enable many patients to make satisfactory adjustments at home without having to return to the Hospital. A definite effort will be made in the near future to develop aftercare services in our State.

Table No. 1 represents the first admissions to the Hospital during fiscal year 1962-63 according to age and diagnosis. A study of this table will show that there were 432 persons admitted 65 years of age and over. This age group, therefore, constitutes 17% of the total admissions. At present the turnover in this age group is very slow. These persons usually have physical conditions complicating the aging processes and the chances for complete recovery are smaller. Some few, however, return home. It appears that the Hospital will continue to have to receive per-

sons in this age bracket and it is necessary that provisions be made for this geriatric group. It is further noted that 503 admissions belong to the diagnostic group of schizophrenia. Most of these occur between the ages of 15 and 44. This mental illness is usually thought of as being a malignant type in that it tends to go into a chronic state if intensive treatment is not given in its early stage. It must be remembered that many such cases do not come to the Hospital until the illness is well advanced. Consequently, the response to intensive treatment is not always as good as desired. This group tends to add to the residual population of the Hospital. For example, 581 such cases were admitted during fiscal year 1961-62 and on June 30, 1963, 151 of these patients were still in the Hospital.

Another significant item in Table No. 1 is that the Hospital was called on to accept 343 persons whose problem was the excessive use of alcohol. One hundred sixty-two of these persons were found to be mentally disturbed along with the use of alcohol and 181 were found to be not mentally ill but just alcoholic. It will be noted that this number, 343, constitutes 13½% of the first admissions. The admission of persons involved with the use of alcohol has been going on for years. Although the Hospital, by statutory provision, is not supposed to admit alcoholics, these persons have to be admitted because in the opinion of the examining physicians it is stated that they are mentally ill. One can readily see that this constitutes a real problem for the Hospital and that it points up the need for special provision for the care and treatment of alcoholics with perhaps statutory provision for their commitment to a hospital or an institution for this type problem. This problem should not continue to be a responsibility of the State Hospital.

Table No. 2 represents statistics on 976 readmissions during this fiscal year. Readmissions for this fiscal year show an increase of 24 over last year. This increase in readmissions still points up the need for an adequate aftercare program for patients going home from the Hospital. As stated above, it is felt that an adequate aftercare program will enable many of these persons to stay home. Persons suffering from schizophrenic reactions represent a large proportion of readmissions, the number of such persons being 351. Again it is noted that 157 readmissions were involved with the use of alcohol. Eighty-five persons 65 years of

age and over had to be readmitted to the Hospital during this fiscal year.

Table No. 3 shows that 2,512 persons were admitted to the Hospital for the first time during 1961-62. As of June 30, 1963, one year later, 397 of these persons were still in the Hospital; 1,523 had been discharged; 303 were out of the Hospital on trial visit; 17 were otherwise absent and there were 272 deaths. This number of deaths is definitely related to persons 65 years of age and over admitted to the Hospital.

During the fiscal year the Hospital operated on a per diem cost of \$3.42. The total expenditures amounted to \$8,214,138.29.

Exhibit No. 1 shows a distribution of the per diem.

The financial statement reveals the breakdown of expenditures for the year.

A detailed report of the Hospital's activities during this fiscal year will be found in its Annual Report.

Pineland, A State Training School and Hospital.

This institution, which has been operating as a new institution since 1956, has a normal bed capacity of 360. It has been more or less overcrowded since its opening and as of June 30, 1963 there were 416 residents. There is now a waiting list of 276. With a bed capacity of 360 it was obvious that this institution would not be adequate to care for the known number of mentally defective colored children as a survey made prior to the construction of this institution indicated that there were approximately 800 known mentally retarded persons who were in need of care and treatment at such an institution. The greater number of the persons admitted to this institution have been severely retarded and require considerable nursing care and attention. There is a small percentage, however, who are able to participate in training and educational programs and to some extent a rehabilitation program.

The need to expand this institution is very great and the Legislature appropriated \$600,000 during 1962 for the construction of an infirmary and another dormitory. This dormitory when constructed will enable the institution to accept about 75 persons who are now on the waiting list. This, however, still leaves the need for more dormitory space.

This institution is still not self-sufficient and has to depend a great deal upon the State Hospital for many services such as medical service, food preparation and laundry services. The Medical staff of the State Park Division of the State Hospital still has to furnish a considerable amount of medical service although two physicians have been secured to work at this institution. Judging from our general population it can be expected that this institution will eventually be comparable to that of Whitten Village and it is hoped that the Legislature will make every effort to enable the Commission to place this institution on a self-supporting basis.

During this fiscal year Pineland operated on a per diem cost of \$3.56. The total expenditures amounted to \$505,364.82.

Exhibit No. 2 shows a distribution of the per diem.

The financial statement reveals the breakdown of expenditures for the year.

A detailed account of the activities of Pineland is contained in this institution's Annual Report for fiscal year 1962-63.

Permanent Improvements.

Although there has been considerable progress the Commission feels that it is essential to make further improvements to insure an efficient and economical operation of its mental health program. Exhibit No. 3 reveals the permanent improvements the Commission feels are essential in the near future.

1. Psychiatric Training Center for Disturbed Children—Columbia Division.

There is great need for a treatment program for young people who are emotionally and mentally disturbed. At the present time these young people have to be admitted and cared for with adults in the State Hospital. There are now approximately 70 children in the Hospital under the age of 18. The building for this purpose can be constructed on Hospital property at a cost of approximately one million dollars. Locating this building near the new intensive treatment center, which will be completed next year, would probably make it eligible for assistance from Federal funds.

2. Administration Building—Columbia Unit.

This need is now a top priority one. Administrative functions for our mental health program are scattered over the Hospital and are entirely inadequate. To make for an efficient and economical operation it is essential that an administration building be constructed to house all administrative functions of the Commission referable to the operation of its program. This building will afford ample space for all administrative functions.

3. Regional Intensive Treatment Centers.

The best opinions on psychiatric hospitals are to the effect that better care and treatment can be afforded when hospitals are not too large. Our Hospital population has been increasing over the years and at the end of this fiscal year the population was 6,658. The Commission feels that consideration must be given to decentralizing facilities for the care and treatment of the mentally ill in our State and strongly recommends that the Legislature consider the construction of an acute intensive treatment center in the Piedmont area of our State and another one in the Coastal area of our State. Such institutions would afford care and treatment for persons mentally ill in these areas thus reducing the demands on the State Hospital. The State Hospital, however, could continue as the acute intensive treatment center for the midlands area of the State.

4. A Building for the Committed Alcoholic and Drug Addict.

Over the years the State Hospital has been admitting persons involved with the excessive use of alcohol and drugs, alcohol being the much greater problem. During this fiscal year 343 persons were admitted because of the excessive use of alcohol. It is felt that there should be a separate area for this type of patient and a building for this purpose can be constructed on Hospital property near the acute intensive treatment center. This will enable the Hospital to provide professional services and at the same time this type of patient will be separated from the mentally ill.

5. Addition to Supply Center—Columbia Division.

A main warehouse at the Columbia Division is being made into a depot-type operation serving the entire Mental Health

Commission program. This operation has outgrown present facilities and it is essential that additions be made to provide adequate space for this operation.

6. Geriatric Unit—Columbia Division.

The Hospital is called on more and more to accept persons 65 years of age and over. There are 992 such persons in the Columbia Division occupying buildings that were constructed to house other types of illnesses. The development of a geriatric unit of 500 beds for geriatric cases will enable the Hospital to care for these persons more satisfactorily and economically.

7. Physicians' Homes (5)—Columbia and State Park Divisions.

The Hospital has an acute shortage of living quarters for employees, especially physicians. A great many states provide residences, as well as other fringe benefits, for their physicians. The construction of residences to be used by physicians would help tremendously in recruiting medical staff.

8. Convalescent Buildings—Columbia Division.

There is a growing need for an area to house patients who are well on their way to recovery so that they can be removed from the atmosphere of those who continue to be quite ill. It is felt that a building of 100 bed capacity each for men and women will speed up recovery of the patients.

9. Medical-Surgical Building—State Park Division.

There is top priority for such a building and it is felt that a 200 bed medical-surgical building should be constructed at the State Park Division to provide medical and surgical services to patients in this division. The Columbia Division is called on quite a bit to render such services for the State Park Division. The Commission hopes that during the next fiscal year it can begin construction of such a building.

10. Geriatric Unit—State Park Division.

There are approximately 550 aged people at this division of the State Hospital and they are scattered more or less throughout the Hospital. In order to care and treat these persons adequately and economically a geriatric unit of 500 bed capacity is needed.

11. Addition to Receiving Building—State Park Division.

Although this division of the Hospital has a relatively modern receiving building, it is now inadequate to provide intensive care and treatment. An addition of 150 beds to this building would provide facilities to step up the intensive treatment program at this division of the Hospital.

12. Central Heating Plant—State Park Division.

The need for this central heating plant has been called to the Legislators attention for a number of years. The some twenty odd buildings at this division have individual heating units. This is costly and it is felt that a central heating unit will pay for itself in due time.

13. Shops Building—State Park Division.

Maintaining the general plant at the State Park Division has become a real problem. Maintenance activities are now housed in a temporary tin-covered building which is grossly inadequate. It is highly essential that there be constructed adequate housing facilities for the service.

14. Convalescent Building—State Park Division.

There is growing need for an area to house patients who are well on their way to recovery so that they can be removed from the atmosphere of those who continue to be quite ill. It is felt that a building of 100 bed capacity each for men and women will speed up recovery of the patients.

15. Chapel—State Park Division.

There is no special provision at this Hospital for worship services. It is hoped that funds can be made available to build a Chapel at this division of the Hospital.

16. Nurses' Classroom and Quarters—State Park Division.

This building is needed to provide living quarters for approximately 50 single Negro nurses and aides. Such a building would facilitate the recruitment of employees at this institution as well as provide facilities for the development of a psychiatric affiliate nurses' program for Negro student nurses.

17. Dormitories for Children (2)—Pineland.

This institution, originally built at a cost of \$1,050,000, provides normal bed space for 360 children. The population as of June 30, 1963 was 416. With a waiting list of 276, one can readily see the overcrowded condition and the need for expansion to take care of this and the present waiting list. There is reason to believe, however, that there are many more which have not yet been placed on the waiting list. It is essential that dormitory space be added to this institution as quickly as possible.

18. Dormitories for Adults (2)—Pineland.

It is not at all desirable to have adult mentally retarded mingle with children who are retarded. There is practically no provision at Pineland for the adult mentally retarded and quite a number are presently in the State Hospital—State Park Division. So that this institution might fulfill its functions, it is necessary to provide dormitory space for the adult retarded and two dormitories for this purpose are needed as soon as possible.

19. Additional Classroom Space—Pineland.

When this institution was opened those persons admitted, to a large extent, were those who were severely retarded. We are now, however, receiving some persons who are trainable and educable. The classroom space for teaching and training is now inadequate and in order to teach and train the higher retarded children we must have more space for teaching activities.

20. Employees' Residences.

One residence for a physician working at this institution was recently completed. In order to help recruit persons to work at this institution we feel that it is essential in some cases to offer living quarters. We are in need of residences for persons necessary for the maintenance of this institution; for example, an electrician, a plumber and fireman.

Statistical Section.

During this fiscal year the statistical section has continued to render service to the State Hospital, Pineland and the community mental health clinics. In addition, it has continued to gather

statistical mental health data from Whitten Village and Waverley Sanitarium. In the field of mental health statistics this section cooperates with the biometrics branch of the National Institute of Mental Health to the extent of reporting statistics to this agency from the institutions mentioned above.

The statistical division has mechanical equipment that can provide many other services and is now involved with payroll functions for the Hospital, Pineland, the Education Unit of the Commission and the community mental health clinics. Included in this are bank reconciliations, budget accounting, withholding of social security and retirement funds, insurance, and State and Federal income taxes and making the necessary reports on these activities. It has developed a system of reporting daily the census of the State Hospital and Pineland and a system of property and supply inventory.

Fiscal Section.

This section continues the financial investigation of all new admissions to the State Hospital and Pineland as well as readmissions when indicated. This requires the investigation of each individual admitted. During this fiscal year there were 2,538 first admissions and 976 readmissions. One can readily see the amount of work involved in this. We are fortunate in having the State Department of Public Welfare, through its county units, assist us in this matter.

During this fiscal year the amount of \$531,309.44 was collected from paying patients for services at the State Hospital as compared with \$442,860.21 for fiscal year 1961-62, and \$1,120.80 from paying trainees at Pineland, as compared to \$602.20 for the past fiscal year. During this fiscal year there were 1,410 paying patients at the State Hospital, or 21.4% of the total population. There were eight paying patients at Pineland.

The Legislature has made provision for the State Hospital to borrow funds for permanent improvements, the monies being collected from paying patients at the State Hospital being used to finance these bond issues. So far there is a limit set on the amount that the Commission might borrow and it is hoped that the Legislature will make provision whereby arrangements can be made to set a maximum limit of bond issues and provide that as a portion of the bond issue is paid off the Commission will

be able to reissue more bonds not exceeding the maximum total at any one time. This will enable the Commission to develop a long range permanent improvement program with established priorities.

Licensing Section.

Complying with statutory provisions the Commission has continued the licensing of institutions caring for the mentally ill, mentally retarded, epileptic, drug addicted and alcoholic. During this fiscal year the following institutions were licensed:

S. C. State Hospital—Columbia Division
 S. C. State Hospital—State Park Division
 Pineland, A State Training School and Hospital
 A-Way Hospital
 Fairview, Inc.
 Laurens Rest Home, Inc.
 Pine Lake Health Center
 Peace Haven
 Waverley Sanitarium
 Paris View Home

The amount of \$102.25 was collected for license fees during this fiscal year.

MENTAL HYGIENE DIVISION

Mental Health Education Unit.

We have continued to carry on a statewide mental health education program. Personnel concerned in this endeavor consists of a clinical psychologist, psychiatric social worker, psychiatric nurse, and a psychologist consultant in mental retardation. During the latter part of this fiscal year, however, it was necessary to assign members of this staff to assist study committees of the Governor's Advisory Group which is involved in a two-year study of mental health needs in the State of South Carolina. A considerable amount of time has to be given to this effort.

During the year these consultants have been engaged in education activities providing in-service training for a variety of professional groups including Columbia city school teachers, State public health nurses, department of public welfare case workers, and vocational rehabilitation counselors.

Consultation was also provided to members of the board of directors of the Anderson and Greenwood Mental Health Centers during the organizational period of these centers. Consultation services were held with public health nurses regarding planning for in-service training and the appropriate use of the consultants.

The mental retardation consultant rendered assistance to the S. C. Association for Retarded Children in formulating program goals and planning for cooperative activities with State agencies.

The psychiatric social work consultant has been engaged in organizing and continuing a pilot in-service training program to demonstrate the value of assisting professional persons such as educators, rehabilitation counselors, and case workers to learn more about human behavior.

The mental health nurse consultant played a major role in planning orientation programs with public health nurses to help them learn more about the functions and services of the State Hospital.

The clinical psychologist, coordinator of this unit's activities, was assigned to the Governor's Advisory Group involved in a two-year study and plan for mental health needs in South Carolina. His responsibility will be that of coordinating the efforts of the various study groups involved in this planning.

Research Section.

Research activities conducted by the education unit of the Commission have been continued under the direction of a Ph.D Sociologist. The research consultant has conducted a series of studies, the following being completed during this fiscal year:

Attitude Changes Among School Teachers After Viewing ETV Mental Health Films.

Spartanburg County Community Survey—A survey to determine prevalence of various behavior pathologies, alcoholism, etc.

Correcting Delinquency Through Status Elevation—Method for reducing delinquency is set forth.

How Much Trouble in the Bottle—Findings from Fairview and Palmetto Centers; studies variations in social and personal problems brought on by excessive drinking.

Aging and Social Sufficiency—Study of adjustment problems of older people living in Lancaster, York, and Chester, S. C.

Vocational Adjustment of Discharged Mental Patients.

Homicide Rates and Ex-Mental Patients—Finds ex-patients have homicide rates equal to or less than general public.

Admissions to S. C. State Hospital—High and low rate counties are compared to determine why some counties commit twice as many patients as other counties.

Miscellaneous tables and charts showing rates of mental illness by county, death, divorce, imprisonment, school drop-outs, income levels, etc.

The following subjects are still under study:

Sumter Child Study Project—NIMH Grant—Research is still in progress.

Help Seekers, Listeners, and Healers—A study to determine where and how people get to sources of help with distressing emotional problems.

Mental Health Data Collector—NIMH Grant—to make extensive follow-up study of discharged mental patients.

The Friendship Center and Its Effects on Ex-Patient Members—Examines the aftercare benefits of a community center for discharged patients.

The S. C. Mental Health Commission has received direct Federal grants for the following studies and research projects.

1. Plan for Planning—a comprehensive program for mental health in South Carolina.

2. Sumter Child Study Project, which is a five-year study and involves approximately 525 school children in six elementary schools in Sumter, South Carolina. This study is aimed at the detection of emotional crises in these children and toward the solution of such crises.

3. Mental Health Data Collector Project. This is a three-year study involving the collection of desired data on patients in the Hospital and some of those away from the Hospital. It will also involve an analysis of this data and subsequent publication.

4. A workshop on Human Relations Training involving State Hospital Personnel.

Community Services—Clinics.

South Carolina was one of the first states to begin the operation of out-patient services for the mentally ill. This was begun in 1923 on a traveling basis. This program reached the point where there were eight communities being visited every other week by a psychiatrist and social worker. This program was first operated under the Mental Hygiene Division of the S. C. State Hospital. Because of the World War II situation, this service had to be discontinued in 1943. In 1946 Federal funds were appropriated to assist states in developing community mental health services. In 1947 the State Hospital began to develop outpatient services and it was decided that an effort would be made to locate these services permanently rather than continue them on a traveling basis. The first such outpatient clinic was developed in Charleston, S. C., and as time went on similar services were developed at Spartanburg, Greenville, Columbia, Florence and Rock Hill—a total of six such community mental health clinics or centers. In 1961 the General Assembly enacted the Community Mental Health Services Act which created a framework in which the State and counties would cooperate in the financing of such services. As provided for in this Act two new clinics were activated this year, one in Anderson, South Carolina and one in Greenwood, South Carolina. The 1962 General Assembly appropriated funds for an additional clinic which will involve the counties of Sumter and Clarendon. This clinic will be activated after July 1, 1963.

These clinics or centers will be financed by State and county funds. The six clinics operating prior to the passage of the Community Mental Health Services Act were given four years to meet the matching requirements of this Act. Beginning with July 1, 1965 these clinics will have to be financed by 50% State funds and 50% local funds.

The two clinics organized since the passage of this Act are financed by 50% State funds and 50% local funds and all other new clinics will have to be financed on this basis.

The function of these clinics is to provide mental health services to the communities in which they are located. They are all-purpose clinics in that they will provide services to adults and children. A map of the State, Exhibit No. 4, will show the location of the present clinics and centers and the counties involved in the support of them.

Statistical tables are presented to indicate various phases of the work carried on in these clinics.

Table No. 5 shows statistics referable to cases treated in these clinics and terminated during this fiscal year. There was a total of 1,995 persons treated and terminated. Of this number, 841 were under the age of 18 years and 1,154 over 18 years of age.

Table No. 6 gives information referable to the various activities carried on by the clinics.

Table No. 7 reflects the type of service rendered to patients treated and terminated during the year.

Tables Nos. 8 through 15 reflect other statistical information concerning clinic activities.

Training.

To staff a community mental health clinic it is necessary to have a psychiatrist, psychologist and psychiatric social worker together with secretarial help. These are minimal requirements. As an individual program grows it is necessary to add other professional staff. Personnel in these various disciplines are very scarce and competition is great because all states are developing such programs. It has been necessary to recruit and train persons to work in these fields and the Commission has been carrying on a training program for some time. During this year there were in training two psychiatrists, two psychologists and two social workers. Upon the completion of their training they will enter our community services program. In spite of this effort to increase the supply of personnel, some of the clinics are still short of personnel.

Merit System.

In order to secure Federal aid in the operation of community services, these services are required to operate under a merit system. All persons employed in the Mental Hygiene Division of the Commission have to meet the qualifications as set forth in the job specifications under our merit system.

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The S. C. Mental Health Commission wishes to take this opportunity to express to the Governor and the General Assembly its sincere appreciation for their sympathetic attitude toward its

mental health program and to the General Assembly for the provision of funds to carry on the State's mental health program. The Commission extends its deep appreciation to the employees of the Commission, State Hospital, Pineland, and the clinics for their loyal support and service. The State Department of Public Welfare and its county units have been of much assistance in the financial investigations of all admissions to the State Hospital and Pineland and the Commission appreciates very much this assistance.

Respectfully submitted,

South Carolina Mental Health Commission

C. M. Tucker, Jr., *Chairman*

E. Edward Wehman, Jr.

John M. Fewell, M.D.

G. Werber Bryan

W. G. Edwards, Sr.

FINANCIAL STATEMENT—1962-63

S. C. Mental Health Commission

ADMINISTRATIVE DIVISION

<i>Detail</i>	<i>Expenditures</i>
Salaries	\$ 43,145.00
Special Payments	530.00
Travel	2,693.38
Telephone and Telegraph	3,158.17
Repairs	4,186.86
Water, Heat, Light and Power	1,105.70
Other Contractual Services	2,520.00
Fuel	336.84
Office Supplies	2,916.85
Educational Supplies	69.50
Motor Vehicle Supplies	383.51
Insurance	130.21
Other Fixed Charges	130.00
Office Equipment	725.31
Total	\$ 62,031.33

MENTAL HYGIENE DIVISION

Salaries and Wages	\$ 408,246.52
Special Payments	6,234.90
Freight, Express and Deliveries	5.09
Travel	14,030.02
Telephone and Telegraph	6,459.04
Repairs	4,184.35
Printing, Binding and Advertising	279.94
Water, Heat, Light and Power	2,654.81
Other Contractual Services	1,523.72
Fuel	794.30
Office Supplies	6,958.46
Household, Laundry, and Janitorial Supplies	434.72
Educational Supplies	6,210.24
Motor Vehicle Supplies	559.09
Maintenance Supplies	244.67
Other Supplies	1,837.32
Rents	10,905.86
Insurance	667.94
Other Fixed Charges	3,502.03
Office Equipment	40,035.54
Medical Equipment	205.49
Household Equipment	1,516.50
Motor Vehicles and Equipment	1,878.41
Educational Equipment	536.61
Other Equipment	1,792.09
Petty Cash Funds	50.00
Total	\$ 521,747.66

SPECIAL PROJECTS
Financed by Federal Grants
DATA COLLECTOR PROJECT

<i>Detail</i>	<i>Expenditures</i>
Salaries and Wages	\$ 3,558.57
Special Payments	294.00
Travel	627.05
Other Contractual Services	811.94
Office Supplies	403.12
Office Equipment	159.91
Total	\$ 5,854.59

SUMTER CHILD STUDY PROJECT

Salaries and Wages	\$ 181.70
Special Payments	6,646.05
Travel	1,865.20
Telephone and Telegraph	61.41
Printing, Binding and Advertising	20.00
Other Contractual Services	11.00
Office Supplies	311.89
Educational Supplies	31.08
Other Supplies	241.18
Rents	15.45
Office Equipment	1,740.84
Other Equipment	577.37
Total	\$ 11,703.17

MENTAL HEALTH PLANNING

Salaries and Wages	\$ 3,513.72
Special Payments	20.00
Travel	217.48
Educational Supplies	289.89
Other Supplies	1.80
Office Equipment	1,873.46
Total	\$ 5,916.35

WORKSHOP GRANT

Special Payments	\$ 705.10
Travel	2,400.00
Printing, Binding and Advertising	483.62
Office Supplies	296.29
Total	\$ 3,885.01

SOUTH CAROLINA STATE HOSPITAL

<i>Detail</i>	<i>Expenditures</i>
Salaries and Wages	\$ 5,294,404.53
Special Payments	47,031.94
Freight, Express and Deliveries	14.52
Travel	14,537.24
Telephone and Telegraph	49,794.65
Repairs	49,190.36
Printing, Binding and Advertising	4,329.86
Water, Heat, Light and Power	147,102.70
Other Contractual Services	20,204.96
Food	812,678.76
Fuel	146,688.65
Feed and Veterinary Supplies	98,268.46
Office Supplies	49,391.70
Household, Laundry and Janitorial Supplies	100,973.64
Medical Supplies	377,216.27
Educational Supplies	3,427.13
Motor Vehicle Supplies	17,947.60
Agricultural Supplies	7,697.45
Clothing and Dry Goods	266,393.70
Maintenance Supplies	129,714.22
Other Supplies	116,975.85
Poultry	18,279.05
Feeder Pigs	7,857.80
Rents	204.10
Insurance	23,636.41
Contributions and Dues	4,559.53
Other Fixed Charges	1,005.00
Office Equipment	12,169.18
Medical Equipment	11,075.94
Household Equipment	67,580.56
Motor Vehicles and Equipment	39,601.93
Agricultural Equipment	1,213.43
Livestock	75.00
Other Equipment	43,377.45
Non-Structural Improvements	6,599.73
Vocational Rehabilitation Project	72,918.99
For Additional Employees	150,000.00
Total	\$ 8,214,138.29

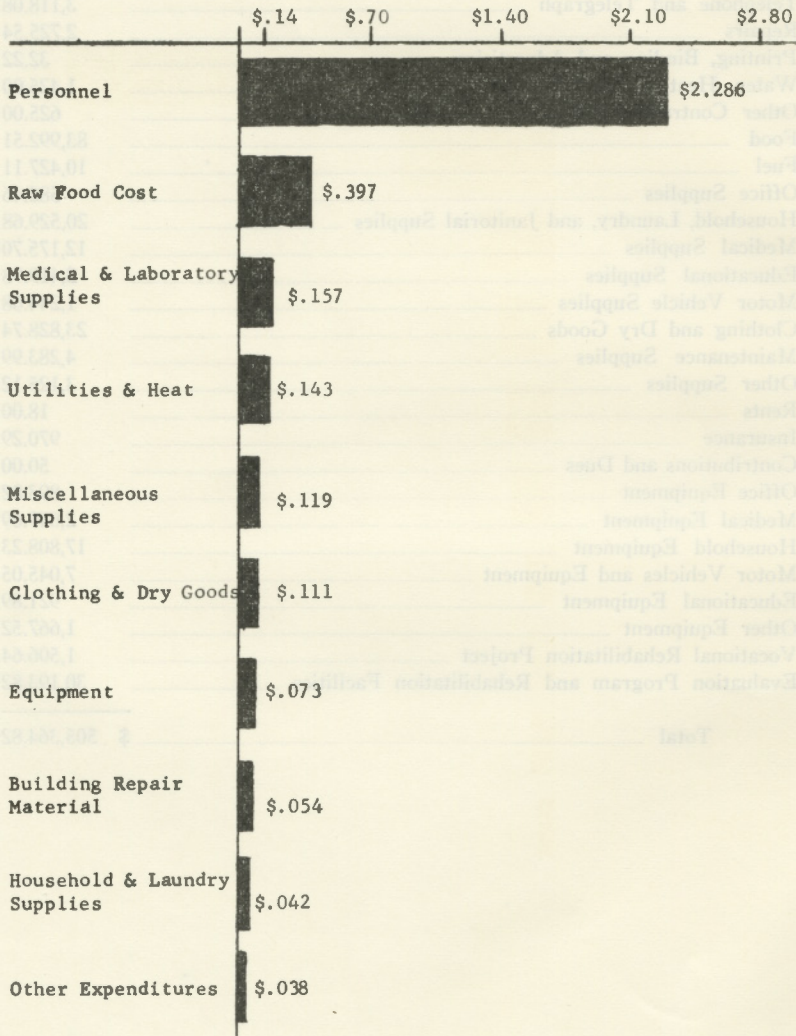
PINELAND

<i>Detail</i>	<i>Expenditures</i>
Salaries and Wages	\$ 270,728.56
Special Payments	18.00
Travel	357.50
Telephone and Telegraph	3,118.08
Repairs	2,725.54
Printing, Binding and Advertising	32.22
Water, Heat, Lights and Power	1,425.00
Other Contractual Services	625.00
Food	83,992.51
Fuel	10,427.11
Office Supplies	582.46
Household, Laundry, and Janitorial Supplies	20,529.68
Medical Supplies	12,175.70
Educational Supplies	2,419.98
Motor Vehicle Supplies	1,244.68
Clothing and Dry Goods	23,828.74
Maintenance Supplies	4,283.99
Other Supplies	3,125.12
Rents	18.00
Insurance	970.29
Contributions and Dues	50.00
Office Equipment	893.82
Medical Equipment	2,649.69
Household Equipment	17,808.23
Motor Vehicles and Equipment	7,045.05
Educational Equipment	921.89
Other Equipment	1,667.52
Vocational Rehabilitation Project	1,506.64
Evaluation Program and Rehabilitation Facilities	30,193.82
Total	\$ 505,364.82

SOUTH CAROLINA MENTAL HEALTH COMMISSION
Psychiatric Hospital Services

MAINTENANCE EXPENDITURE PER PATIENT PER DAY
1962-1963

Total Expenditure — \$3.42



SOUTH CAROLINA MENTAL HEALTH COMMISSION
Pineland, A State Training School and Hospital

MAINTENANCE EXPENDITURE PER TRAINEE PER DAY

1962-1963

Total Expenditure — \$3.56

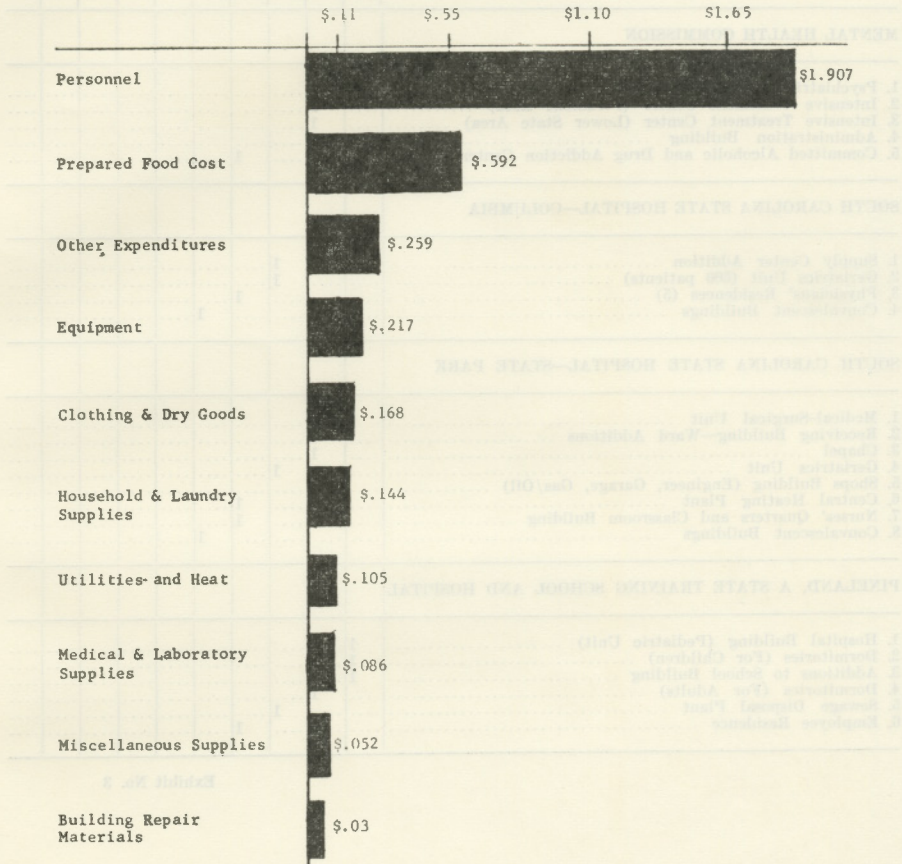


Exhibit No. 2

SOUTH CAROLINA MENTAL HEALTH COMMISSION PERMANENT IMPROVEMENT PROJECTS

PROJECT ITEMS	1963-64	1964-65	1965-66	1966-67	1967-68	1968-69	1969-70	1970-71	1971-72	1972-73
MENTAL HEALTH COMMISSION										
1. Psychiatric Treatment Center for Children		1								
2. Intensive Treatment Center (Piedmont Area)		1								
3. Intensive Treatment Center (Lower State Area)		1								
4. Administration Building		1								
5. Committed Alcoholic and Drug Addiction Center				1						
SOUTH CAROLINA STATE HOSPITAL—COLUMBIA										
1. Supply Center Addition			1							
2. Geriatrics Unit (500 patients)			1							
3. Physicians' Residences (5)				1						
4. Convalescent Buildings					1					
SOUTH CAROLINA STATE HOSPITAL—STATE PARK										
1. Medical-Surgical Unit	1									
2. Receiving Building—Ward Additions		1								
3. Chapel		1								
4. Geriatrics Unit			1							
5. Shops Building (Engineer, Garage, Gas/Oil)										
6. Central Heating Plant				1						
7. Nurses' Quarters and Classroom Building				1						
8. Convalescent Buildings					1					
PINELAND, A STATE TRAINING SCHOOL AND HOSPITAL										
1. Hospital Building (Pediatric Unit)	1									
2. Dormitories (For Children)	1									
3. Additions to School Building	1									
4. Dormitories (For Adults)		1								
5. Sewage Disposal Plant			1							
6. Employee Residence				1						

Exhibit No. 3

TABLE 1—FIRST ADMISSION DURING THE YEAR BY AGE AT ADMISSION AND MENTAL DISORDER
AS OF JUNE 30, 1952

AGE (in years)	MENTAL DISORDERS									
	14-17	18-24	25-34	35-44	45-54	55-64	65-74	75-84	85-94	95-104
Alcoholism										
Depression										
Manic-depressive										
Paranoia										
Psychosis										
Schizophrenia										
Substance abuse										
Unlabeled										
Total										
Grand Total										

▲ Indicates location of clinics or centers now in operation.

— Heavy line encircles county or counties being served.

EXHIBIT NO. 4

TABLE 1—FIRST ADMISSION DURING THE YEAR BY AGE AT ADMISSION AND MENTAL DISORDER
AS OF JUNE 30, 1963

MENTAL DISORDERS	Total	AGE (in years)								
		Under 15	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85 & Over Age Un- known
ACUTE BRAIN SYNDROMES ASSOCIATED WITH:										
Alcohol intoxication	162	...	10	46	64	27	13	2	...	...
Drug or poison intoxication (except alcohol)	18	...	...	6	5	3	4	...	...	...
Convulsive disorder	1	...	...	...	...	1	...	...	...	...
All other conditions	8	...	2	1	...	3	1	...	1	...
TOTAL ACUTE BRAIN SYNDROMES	189	...	12	53	69	34	18	2	1	...
CHRONIC BRAIN SYNDROMES ASSOCIATED WITH:										
Meningoencephalitic syphilis	9	...	...	...	1	4	2	1	...	1
Epidemic encephalitis	3	1	...	1	...	...	...	...	...	1
Other intracranial infections	1	...	1	...	...	...	...	...	...	...
Alcohol intoxication	26	...	...	3	5	11	6	...	...	...
Birth trauma	18	...	3	2	5	5	2	...	1	...
Other trauma	6	...	1	2	1	2	...	...	...	...
Cerebral arteriosclerosis	362	...	1	...	...	24	94	117	98	28
Other circulatory disturbance	35	...	...	...	5	9	18	2	1	...
Convulsive disorder	49	2	18	12	9	6	1	1	...	...
Senile brain disease	122	...	...	...	...	...	4	34	61	22
Other disturbance of metabolism, growth, and nutrition	3	...	...	...	...	1	2	...	...	...
Intracranial neoplasm	3	...	...	...	2	...	1	...	...	...
Diseases of unknown and uncertain cause	12	...	...	3	3	2	4	...	...	...
Chronic brain syndrome of unknown cause	15	1	1	...	3	4	6	...	...	...
TOTAL CHRONIC BRAIN SYNDROMES	664	4	25	23	34	68	140	155	162	50
PSYCHOTIC DISORDERS:										
Involutional psychotic reaction	21	...	...	5	9	4	2	1	...	...
Manic-depressive reaction	58	...	4	8	12	15	14	5	...	...
Psychotic depressive reaction	23	...	...	6	5	9	2	1	...	...
Schizophrenic reactions	503	3	132	159	118	72	8	7	3	1
Paranoid reactions	21	...	...	5	9	4	...	3	...	...
Other	1	...	...	...	...	...	1	...	...	...
TOTAL PSYCHOTIC DISORDERS	627	3	136	183	153	104	27	17	3	1
PSYCHOPHYSIOLOGIC AUTONOMIC AND VISCERAL DISORDERS										
	1	...	1	...	...	...	...	...	...	...
PSYCHONEUROTIC REACTIONS	370	...	48	83	101	86	29	16	6	1
PERSONALITY DISORDERS:										
Personality pattern disturbance	28	1	5	12	6	4	...	...	...	...
Personality trait disturbance	74	...	39	23	4	7	1	...	...	...
Antisocial reaction	21	...	9	4	7	1	...	...	...	...
Dyssocial reaction	3	...	1	1	...	1	...	...	...	...
Sexual deviation	6	...	4	...	...	...	1	...	...	...
Alcoholism (addiction)	181	...	2	24	80	59	13	2	1	...
Drug addiction	9	...	...	...	6	2	...	1	...	...
Special symptom reaction	1	...	...	1	...	...	...	...	...	...
TOTAL PERSONALITY DISORDERS	323	1	60	65	104	74	15	3	1	...
TRANSIENT SITUATIONAL PERSONALITY DISTURBANCE										
	37	4	23	5	1	3	1	...	...	...
MENTAL DEFICIENCY	117	9	49	27	17	9	5	1	...	...
WITHOUT MENTAL DISORDER	210	27	45	47	31	30	20	3	7	...
GRAND TOTAL	2,538	48	399	486	510	408	255	197	180	50

TABLE 2—READMISSION DURING THE YEAR BY AGE AT ADMISSION AND MENTAL DISORDER
AS OF JUNE 30, 1963

MENTAL DISORDERS	Total	AGE (in years)									
		Under 15	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85 & Over	Age Un- known
ACUTE BRAIN SYNDROMES ASSOCIATED WITH:											
Alcohol intoxication	52	1	2	9	21	12	5	2			
Drug or poison intoxication (except alcohol)	12			1	6	2	3				
All other conditions	1				1						
TOTAL ACUTE BRAIN SYNDROMES	65	1	2	10	28	14	8	2			
CHRONIC BRAIN SYNDROMES ASSOCIATED WITH:											
Meningoencephalitic syphilis	3				1	1	1				
Alcohol intoxication	22			2	3	12	5				
Drug or poison intoxication (except alcohol)	3					2	1				
Birth trauma	1			1							
Other trauma	1			1							
Cerebral arteriosclerosis	80					6	29	31	14		
Other circulatory disturbance	7					3	3	1			
Convulsive disorder	26		8	7	5	5	1				
Senile brain disease	4							1	2	1	
Other disturbance of metabolism, growth, and nutrition	3				1		2				
Diseases of unknown and uncertain cause	1					1					
Chronic brain syndrome of unknown cause	5				1	1	3				
TOTAL CHRONIC BRAIN SYNDROMES	156		8	11	11	31	45	33	16	1	
PSYCHOTIC DISORDERS:											
Involuntary psychotic reaction	6					2	4				
Manic-depressive reaction	75		3	11	14	18	17	11			1
Psychotic depressive reaction	3					1	2				
Schizophrenic reactions	351		27	90	112	84	30	7	1		
Paranoid reactions	3					1	1	1			
TOTAL PSYCHOTIC DISORDERS	438		30	101	126	106	54	19	1		1
PSYCHONEUROTIC REACTIONS	85		3	14	22	27	12	5	1		1
PERSONALITY DISORDERS:											
Personality pattern disturbance	6		1	2	3						
Personality trait disturbance	22		5	11	4	2					
Antisocial reaction	4		2	2							
Dyssocial reaction	2			1		1					
Sexual deviation	2		2	2	2						
Alcoholism (addiction)	105		2	15	36	33	17	2			
Drug addiction	11			4	3	4					
TOTAL PERSONALITY DISORDERS	152		10	37	46	40	17	2			
TRANSIENT SITUATIONAL PERSONALITY DISTURBANCE	4	1	2					1			
MENTAL DEFICIENCY	38		7	8	11	6	6				
WITHOUT MENTAL DISORDER	38		2	10	11	9	4	1	1		
GRAND TOTAL	976	2	64	191	255	233	146	63	19	1	2

TABLE 3—DISPOSITION OF FIRST ADMISSION WITHIN THE TWELVE MONTH PERIOD FOLLOWING
ADMISSION BY MENTAL DISORDER—REPORT FOR YEAR ENDING JUNE 30, 1963

MENTAL DISORDERS	Total	DISPOSITION				
		Resident	Discharges	Trial Visits	Otherwise Absent	Deaths
ACUTE BRAIN SYNDROMES ASSOCIATED WITH:						
Alcohol intoxication	106	1	104	.....	.....	1
Drug or poison intoxication (except alcohol)	18	.....	18	.....	.....	.....
All other conditions	15	.....	12	2	.....	1
TOTAL ACUTE BRAIN SYNDROMES	139	1	134	2	.....	2
CHRONIC BRAIN SYNDROMES ASSOCIATED WITH:						
Diseases and conditions due to prenatal (constitutional) influence	1	.....	1	.....	.....	.....
Meningoencephalitic syphilis	12	9	2	1	.....	.....
Epidemic encephalitis	1	.....	.....	1	.....	.....
Other intracranial infections	2	2	.....	.....	.....	.....
Alcohol intoxication	26	3	19	3	.....	1
Birth trauma	3	1	1	1	.....	.....
Other trauma	16	7	5	3	.....	1
Cerebral arteriosclerosis	414	101	100	52	2	159
Other circulatory disturbance	30	10	5	6	.....	9
Convulsive disorder	45	15	16	13	.....	1
Senile brain disease	102	33	9	5	.....	55
Other disturbance of metabolism, growth, and nutrition	3	.....	.....	.....	1	2
Disease of unknown and uncertain cause	7	5	1	.....	.....	1
Chronic brain syndrome of unknown cause	5	1	4	.....	.....	.....
TOTAL CHRONIC BRAIN SYNDROMES	667	187	163	85	3	229
PSYCHOTIC DISORDERS:						
Involutional psychotic reaction	19	3	12	3	1	.....
Manic-depressive reaction	83	10	52	20	.....	1
Psychotic depressive reaction	28	1	19	8	.....	.....
Schizophrenic reactions	581	151	277	137	10	6
Paranoid reactions	16	.....	12	4	.....	.....
TOTAL PSYCHOTIC DISORDERS	727	165	372	172	11	7
PSYCHOPHYSIOLOGIC AUTONOMIC AND VISCERAL DISORDERS						
.....	7	.....	6	1	.....	.....
PSYCHONEUROTIC REACTIONS						
.....	307	6	268	29	1	3
PERSONALITY DISORDERS:						
Personality pattern disturbance	36	.....	36	.....	.....	.....
Personality trait disturbance	48	.....	47	1	.....	.....
Antisocial reaction	18	.....	18	.....	.....	.....
Dyssocial reaction	5	.....	5	.....	.....	.....
Sexual deviation	2	.....	2	.....	.....	.....
Alcoholism (addiction)	208	.....	207	.....	.....	1
Drug addiction	19	1	17	.....	.....	1
TOTAL PERSONALITY DISORDERS	336	1	332	1	.....	2
TRANSIENT SITUATIONAL PERSONALITY DISTURBANCE						
.....	28	.....	28	.....	.....	.....
MENTAL DEFICIENCY						
.....	93	35	43	12	2	1
WITHOUT MENTAL DISORDER						
.....	208	2	177	1	.....	28
GRAND TOTAL	2,512	397	1,523	303	17	272

TABLE 4—PINELAND—RESIDENT TRAINEES AT END OF YEAR BY AGE AND CLINIC DIAGNOSIS
FOR YEAR ENDING JUNE 30, 1963

CLINICAL DIAGNOSIS	AGE (in years)											
	Total	Male	Female	Under 5	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over
Encephalopathy, congenital, associated with prenatal infection	5	3	2			2	1	2				
Encephalopathy due to postnatal cerebral infection	43	27	16		10	17	14	1	1			
Encephalopathy, congenital, associated with toxemia of pregnancy	6	3	3		1	1	1	3				
Encephalopathy, congenital, associated with other maternal intoxications	3	2	1			2	1					
Post-immunization encephalopathy	1	1					1					
Encephalopathy, other, due to intoxication	1	1			1							
Encephalopathy due to prenatal injury	2	1	1			1						
Encephalopathy due to mechanical injury at birth	31	14	17		3	9	11	6	1		1	
Encephalopathy due to asphyxia at birth	7	3	4	1		3	3					
Encephalopathy due to postnatal injury	9	5	4		1	5	2	1				
Galactosemia	1		1				1					
Gargolism	2	2			2							
Encephalopathy, other, due to metabolic growth, or nutritional disorder	3	3			2			1				
Cerebral defect, congenital	5	3	2				4					
Encephalopathy assoc. with primary cranial anomaly	21	14	7		7	7	5	2				
Mongolism	11	5	6		1	1	4	4		1		
Other, due to unknown prenatal conditions	38	23	15		1	7	22	6	1			1
Encephalopathy assoc. with diffuse sclerosis of brain	7	5	2			3	3	1				
Encephalopathy assoc. with cerebellar degeneration	1	1				1						
Encephalopathy assoc. with prematurity	10	1	9		4	5	1					
Encephalopathy, other, due to unknown or uncertain cause with the structural reactions manifest	69	33	36		10	30	15	9	2	2	1	
Cultural-familial mental retardation	20	9	11			5	5	9				1
Psychogenic mental retardation associated with environmental deprivation	8	5	3		2	2	3	1				
Psychogenic mental retardation associated with emotional disturbance	3	1	2		1						2	
Mental retardation assoc. with psychotic disorder	8		8			1		4		2		1
Mental retardation, other, due to uncertain cause with the functional reaction alone manifest	34	18	16		3	2	14	13		2		
GRAND TOTAL	349	183	166	1	51	104	111	63	5	9	2	3

TABLE 5—DISPOSITION OF TERMINATED PATIENTS BY CLINICS
AS OF JUNE 30, 1963

MENTAL STATUS	Total	Under 18 years of age	Over 18 years of age	Charleston	Darlington- Florence	Greenville	Richland	Spartanburg	York-Chester- Lancaster	Area 5 M. H. C.
PATIENT WITHDREW FROM CLINIC SERVICE:										
Clinic notified—moved, died, or ill	95	36	59	10	7	35	17	15	8	3
Clinic notified—other reasons	343	126	217	32	35	106	48	96	23	3
Clinic not notified	554	209	345	54	70	122	97	128	75	8
CLINIC TERMINATED—WITHOUT REFERRAL:										
Further care not indicated	461	187	274	64	78	43	99	58	112	7
Further care indicated	40	27	13	12	2	6	2	10	7	1
CLINIC TERMINATED—WITH REFERRAL:										
Private mental hospital	4	1	3	...	2	...	1	1	...	...
State mental hospital	88	7	81	1	7	7	16	15	38	4
Psychiatric ward of general hospital	6	1	5	5	...	...	1	...	...	...
Residential treatment center for children	5	5	...	...	4	...	1	...	...	...
Training school for mental retardation or epilepsy	35	34	1	3	1	7	7	9	8	...
Other Psychiatric inpatient agency	13	2	11	1	3	2	3	1	3	...
Private psychiatrist	16	3	13	4	5	1	4	2	...	...
Other outpatient by clinic	12	4	8	3	1	2	1	2	3	...
Private physician	63	27	36	3	5	2	38	3	12	...
Local health department	11	9	2	...	...	3	2	2	...	4
General Hospital	16	4	12	2	3	5	4	2	...	...
Other medical or health agency	10	10	...	2	1	2	2	...	3	...
Private Psychologist	3	2	1	2	...	1	...	...	...	...
Other psychological agency	3	3	...	1	...	...	...	...	2	...
Social casework agency	119	76	43	1	6	13	43	16	32	8
Court correctional institutions	27	18	9	...	1	4	9	...	13	...
School	46	43	3	4	3	10	15	2	12	...
Other (clergy, etc.)	25	7	18	3	3	2	14	...	2	1
TOTAL	1,995	841	1,154	207	237	373	424	362	353	39

TABLE 6—CLINIC SERVICES DURING 1962-1963

	All Clinics		Greenville Clinic		Charleston Clinic		Spartanburg Clinic		Richland Clinic		Darlington-Florence Clinic		York-Chester-Lancaster Clinic		Area Five Mental Health Clinic	
DIRECT CLINIC SERVICE TO PATIENTS: PERSON-INTERVIEWS																
A. Number of person-interviews with or about patients (excluding group therapy) during year	20,343		3,272		3,241		3,651		3,940		3,747		1,986		506	
B. Number of person-interviews in group psycho-therapy during year	3,914		2,124		311		1,074		....		163		242		....
C. Number of group psycho-therapy session periods during year	1,024		523		88		297		....		68		48		....
D. Number of follow-up interviews during year (include this figure in entry for item A)	225		67		2		44		51		24		37		....
	Total Patients All Clinics		Patients Under 18 Years	Patients 18 Years and Over	Patients Under 18 Years	Patients 18 Years and Over	Patients Under 18 Years	Patients 18 Years and Over	Patients Under 18 Years	Patients 18 Years and Over	Patients Under 18 Years	Patients 18 Years and Over	Patients Under 18 Years	Patients 18 Years and Over	Patients Under 18 Years	Patients 18 Years and Over
MOVEMENT OF PATIENTS:																
E. Number of patients CARRIED OVER at beginning of year	1,311		152	309	182	132	77	165	61	76	32	57	23	45	...	...
F. Number of NEW ADMISSIONS during the year	2,013		141	188	87	69	115	210	232	236	102	173	131	219	51	59
G. Number of READMISSIONS during the year, patients last terminated in a prior year	157		5	20	7	12	12	29	15	14	8	19	5	11	...	...
H. Number of READMISSIONS during the year, patients last terminated this year	85		2	1	3	3	3	9	5	13	8	17	6	15	...	...
I. Number of patients TERMINATED during this year	1,995		177	196	114	93	115	247	213	211	81	156	128	225	13	26
J. Number of patients CARRIED OVER at end of year (sum of E thru H minus I)	1,571		123	322	165	123	92	166	100	128	69	110	37	65	38	33
	—		—	—	—	—	—	—	—	—	—	—	—	—	—	—
	No. Professional Hours		No. Professional Hours	No. Professional Hours	No. Professional Hours	No. Professional Hours	No. Professional Hours	No. Professional Hours	No. Professional Hours	No. Professional Hours	No. Professional Hours	No. Professional Hours	No. Professional Hours	No. Professional Hours	No. Professional Hours	No. Professional Hours
	During Clinic Hours	After Clinic Hours	During Clinic Hours	After Clinic Hours	During Clinic Hours	After Clinic Hours	During Clinic Hours	After Clinic Hours	During Clinic Hours	After Clinic Hours	During Clinic Hours	After Clinic Hours	During Clinic Hours	After Clinic Hours	During Clinic Hours	After Clinic Hours
COMMUNITY SERVICES OF CLINIC DURING 1962-63:																
A. INFORMATION AND EDUCATION SERVICES FOR GENERAL PUBLIC:																
1. Single presentation (lectures, talks)	133	194½	17	15	20	37	28	56	8	...	26	47½	29	29	5	10
2. Group study—intensive limited period (Workshop, institute)	156	12	...	4	...	...	...	...	118½	...	24½	4	13	4	...	...
3. Group study—periodic sessions, over longer period	19½	1½	...	...	...	...	...	...	16½	...	3	1½	...	...	...	...
4. Mass media (radio, television, newspapers, pamphlets)	29½	11½	...	...	22	11½	...	...	1½	...	7	...	...	...	...	...
5. Visitors	101½	1	30½	1	12	...	½	...	27	...	20½	...	3	...	8	...
B. IN-SERVICE TRAINING FOR PROFESSIONAL GROUPS:																
1. School personnel	65	5	...	...	...	...	...	...	51	...	2	5	10	...	2	...
2. Court, probation officers, police	20½	...	...	...	...	...	...	...	...	...	...	...	20½	...	...	...
3. Social and welfare personnel	34	...	½	...	...	...	...	...	22½	...	1	...	3	...	7	...
4. Health personnel (physicians, nurses, etc.)	123½	2	5½	...	59	...	34	...	13	...	6	...	4	...	2	2
5. Others (clergy, etc.)	130½	20	5	...	...	...	71	15	43½	...	2	...	...	...	9	5
C. CONSULTATIONS AND CONFERENCES WITH OTHER AGENCIES:																
1. Schools	403½	1	5	...	1	...	...	...	2	...	11½	...	376	...	8	1
2. Court, probation officers, police	51½	6	19½	...	3	...	...	...	½	...	4½	6	16	...	8	...
3. Social and Welfare agencies	307½	2½	48½	...	10	...	...	...	27½	...	32½	2½	173	...	16	...
4. Health agencies (including private physicians)	114	22½	8½	...	8	...	...	1	3	...	32½	21½	49	...	13	...
5. Other agencies	185	15	2	...	11	...	40	...	11½	...	76½	15	37	...	7	...
D. PARTICIPATION IN COMMUNITY PLANNING COORDINATION	445½	138	64	...	6	...	20½	12½	...	...	44	42½	311	83	...	...
E. TOTAL NUMBER OF HOURS FOR COMMUNITY SERVICE	2,320	432½	206	20	152	48½	194	84½	345	...	293½	145½	1,044½	116	85	18

TABLE 7—TYPE SERVICE RENDERED TO TERMINATED PATIENTS BY AGE GROUP AND CLINIC
YEAR ENDING JUNE 30, 1963

TYPE OF SERVICE	TOTAL ALL GROUPS	Charleston		Darlington-Florence		Greenville		Richland		Spartanburg		York-Chester-Lancaster		Area 5 M H C	
		Under 18 Years	18 Years and Over	Under 18 Years	18 Years and Over	Under 18 Years	18 Years and Over	Under 18 Years	18 Years and Over	Under 18 Years	18 Years and Over	Under 18 Years	18 Years and Over	Under 18 Years	18 Years and Over
Diagnosis and Treatment	434	45	12	22	53	50	30	41	41	17	46	13	53	2	9
Diagnosis Only	273	2	3	7	3	13	9	52	33	29	15	56	37	7	7
Psychological Testing Only	373	47	33	8	26	32	56	37	25	24	56	10	14	..	5
Other Service	915	20	45	44	74	82	101	83	112	45	130	49	121	4	5
ALL TERMINATIONS	1,995	114	93	81	156	177	196	213	211	115	247	128	225	13	26

TABLE 8—SOURCE OF REFERRAL OF TERMINATED PATIENTS BY SEX, AGE GROUP AND CLINIC
YEAR ENDING JUNE 30, 1963

	TOTAL	SEX		AGE GROUP		CLINIC						
		Male	Female	Under 18 Years	18 Years and Over	Charleston	Darlington- Florence	Greenville	Richland	Spartanburg	York-Chester- Lancaster	Area 5 M H C
Schools	167	103	64	141	26	18	10	51	38	21	26	3
Physicians	810	346	464	303	507	125	85	151	148	119	176	6
Health and Welfare Agencies	312	138	174	157	155	14	23	52	72	70	65	16
Self	213	55	158	7	206	8	47	39	39	56	21	3
Family	177	90	87	109	68	21	30	27	53	34	10	2
Courts	83	51	32	45	38	7	...	19	12	10	34	1
Ministers	48	26	22	11	37	5	12	3	11	4	11	2
State Institutions	29	14	15	11	18	...	9	1	11	6	2	...
Others	156	59	97	57	99	9	21	30	40	42	8	6
TOTAL	1,995	882	1,113	841	1,154	207	237	373	424	362	353	39

TABLE 9—MENTAL DISORDER OF TERMINATED PATIENTS FROM MENTAL HEALTH CLINIC BY AGE GROUP AND CLINIC—YEAR ENDING JUNE 30, 1963

	TOTAL	AGE GROUP		CLINIC						
		Under 18 Years	18 Years and Over	Charleston	Darlington-Florence	Greenville	Richland	Spartanburg	York-Chester-Lancaster	Area 5 M H C
ACUTE BRAIN SYNDROMES										
ASSOCIATED WITH:										
Drug or poison intoxicating (except alcohol)	1	..	1	..	1	..	..	..	..	..
All other conditions	3	2	1	1	1	..	..	1	..	..
CHRONIC BRAIN SYNDROMES										
ASSOCIATED WITH:										
Diseases and conditions due to prenatal (constitutional) influence	3	3	..	1	..	..	..	..	2	..
Other CNS syphilis	1	..	1	..	..	..	..	1	..	..
Alcohol intoxication	1	..	1	..	1	..	..	..	..	..
Drug or poison intoxication (except alcohol)	1	..	1	..	..	..	..	..	1	..
Birth trauma	6	6	..	..	1	1	3	..	1	..
Other circulatory disturbance	2	..	2	..	..	..	..	1	1	..
Convulsive disorder	13	9	4	..	2	4	4	..	3	..
Senile brain disease	1	..	1	..	..	..	1	..	..	..
Other disturbance of metabolism, growth, and nutrition	1	1	..	..	..	..	1	..	..	..
Intracranial neoplasm	2	..	2	..	2	..	..	..	..	..
Diseases of unknown and uncertain cause	2	1	1	..	..	..	1	..	1	..
Chronic brain syndrome of unknown cause	7	6	1	..	3	..	3	..	1	..
PSYCHOTIC DISORDERS:										
Involuntary psychotic reaction	7	..	7	..	2	..	1	1	1	2
Manic-depressive reaction	7	..	7	..	..	..	3	1	3	..
Psychotic depressive reaction	7	..	7	..	..	3	2	2	..	..
Schizophrenic reactions	137	24	113	9	23	8	40	31	22	4
Paranoid reactions	8	..	8	..	..	1	..	6	1	..
Other	2	..	2	..	..	..	1	..	..	1
PSYCHOPHYSIOLOGIC AUTONOMIC AND VISCERAL DISORDERS										
	65	40	25	2	3	30	26	..	4	..
PSYCHONEUROTIC REACTIONS	366	61	305	41	38	79	59	53	92	4
PERSONALITY DISORDERS:										
Personality pattern disturbance	97	22	75	2	16	18	13	26	22	..
Personality trait disturbance	188	60	128	16	32	7	26	90	14	3
Antisocial reaction	23	14	9	..	6	1	8	5	2	1
Dyssocial reaction	13	6	7	..	1	1	2	6	3	..
Sexual deviation	9	5	4	..	..	3	5	..	1	..
Alcoholism (addiction)	12	..	12	..	4	1	1	2	4	..
Drug addiction	1	..	1	..	..	..	1	..	..	..
Special symptom reaction	18	16	2	4	5	1	4	1	3	..
TRANSIENT SITUATIONAL PERSONALITY DISTURBANCE										
	378	281	97	38	48	92	78	15	103	4
MENTAL DEFICIENCY	131	103	28	7	11	26	28	26	26	7
MENTAL DISORDER, UNDIAGNOSED	482	181	301	86	37	97	113	94	42	13
GRAND TOTAL	1,995	841	1,154	207	237	373	424	362	353	39

GREENVILLE CLINIC

TABLE 10—TERMINATED PATIENTS BY COUNTY OF RESIDENCE AND AGE
For Year Ending June 30, 1963

	Total	Under 18 Years	18 Years and Over
Abbeville	3	3	—
Aiken	1	—	1
Anderson	9	4	5
Greenville	342	160	182
Greenwood	8	3	5
Laurens	1	1	—
Oconee	2	2	—
Pickens	5	4	1
Charleston	1	—	1
Cherokee	1	—	1
TOTAL	373	177	196

CHARLESTON CLINIC

TABLE 11—TERMINATED PATIENTS BY COUNTY OF RESIDENCE AND AGE
For Year Ending June 30, 1963

	Total	Under 18 Years	18 Years and Over
Anderson	1	—	1
Beaufort	2	1	1
Berkeley	7	2	5
Calhoun	1	—	1
Charleston	182	101	81
Cherokee	1	1	—
Dorchester	2	1	1
Georgetown	6	4	2
Horry	1	1	—
Lancaster	1	1	—
Orangeburg	3	2	1
TOTAL	207	114	93

DARLINGTON-FLORENCE CLINIC

TABLE 12—TERMINATED PATIENTS BY COUNTY OF RESIDENCE AND AGE
For Year Ending June 30, 1963

	<i>Total</i>	<i>Under 18 Years</i>	<i>18 Years and Over</i>
Chesterfield	10	5	5
Clarendon	3	1	2
Darlington	82	26	56
Dillon	6	2	4
Fairfield	2	1	1
Florence	100	34	66
Horry	2	—	2
Lee	2	1	1
Marion	16	6	10
Marlboro	9	3	6
Sumter	1	—	1
Williamsburg	4	2	2
TOTAL	237	81	156

SPARTANBURG CLINIC

TABLE 13—TERMINATED PATIENTS BY COUNTY OF RESIDENCE AND AGE
For Year Ending June 30, 1963

	<i>Total</i>	<i>Under 18 Years</i>	<i>18 Years and Over</i>
Berkeley	1	—	1
Cherokee	43	20	23
Laurens	10	5	5
Newberry	1	1	—
Richland	2	1	1
Spartanburg	284	81	203
Union	17	6	11
York	1	—	1
Non-resident	3	1	2
TOTAL	362	115	247



RICHLAND CLINIC

TABLE 14—TERMINATED PATIENTS BY COUNTY OF RESIDENCE AND AGE
For Year Ending June 30, 1963

	<i>Total</i>	<i>Under 18 Years</i>	<i>18 Years and Over</i>
Aiken	8	6	2
Allendale	2	1	1
Anderson	1	—	1
Bamberg	7	5	2
Calhoun	1	1	—
Charleston	1	1	—
Edgefield	1	—	1
Fairfield	2	1	1
Kershaw	16	9	7
Lancaster	1	1	—
Lexington	75	43	32
McCormick	3	3	—
Newberry	1	—	1
Orangeburg	12	4	8
Richland	273	133	140
Spartanburg	1	—	1
Sumter	18	5	13
Unascertained	1	—	1
TOTAL	424	213	211

YORK-CHESTER-LANCASTER

TABLE 15—TERMINATED PATIENTS BY COUNTY OF RESIDENCE AND AGE
For Year Ending June 30, 1963

	<i>Total</i>	<i>Under 18 Years</i>	<i>18 Years and Over</i>
Chester	34	11	23
Lancaster	75	34	41
Sumter	1	—	1
York	241	82	159
Non-resident	2	1	1
TOTAL	353	128	225

AREA FIVE MENTAL HEALTH CENTER

TABLE 16—TERMINATED PATIENTS BY COUNTY OF RESIDENCE AND AGE
For Year Ending June 30, 1963

	<i>Total</i>	<i>Under 18 Years</i>	<i>18 Years and Over</i>
Abbeville	5	4	1
Edgefield	4	2	2
Greenwood	18	3	15
Laurens	10	2	8
McCormick	2	2	—
TOTAL	39	13	26

